

Today's Date: \_\_\_\_\_

## School of Nursing General Information Sheet

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
or Penn ID #: \_\_\_\_\_

Single       Married       Divorced       Widow/Widower

Date of Birth: \_\_\_\_\_ Highest Degree: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Ethnicity:    Native American/Alaskan Native    Black/African American    White/Caucasian  
               Pacific Islander                                Asian    Spanish/Latino

Military Status: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Location (Room and Address): \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Course Affiliation:   NURS  

### **Name(s) of who to contact in case of emergency:**

(Please give 2 or more contacts with daytime telephone numbers)

#### **FIRST CONTACT:**

Name: \_\_\_\_\_

Day-time Number: \_\_\_\_\_ Night-time Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **SECOND CONTACT:**

Name: \_\_\_\_\_

Day-time Number: \_\_\_\_\_ Night-time Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*This information will be kept in your Personnel File and only used if necessary